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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

6

Application Number

10/807,644

Filing Date

March 23, 2004

First Named Inventor

Gregory P. HERTRICH

Art Unit

2627

Examiner Name

M. Kayrish

ENCLOSURES (Check all that apply)

Fee Transmittal Form (original + copy for fee processing (2 pages))

Fee Attached

Amendment/Reply (2 pages)

After Final

Affidavits/declaration(s)

Extension of Time Request (1 page)

Express Abandonment Request

Information Disclosure Statement

Certified Copy of Priority Document(s)

Reply to Missing Parts/ Incomplete Application

Reply to Missing Parts under 37 CFR 1.52 or 1.53

Drawing(s)

Licensing-related Papers

Petition

Petition to Convert to a Provisional Application

Power of Attorney, Revocation Change of Correspondence Address

Terminal Disclaimer

Request for Refund

CD, Number of CD(s) _____

Landscape Table on CD

After Allowance Communication to TC

Appeal Communication to Board of Appeals and Interferences

Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)

Proprietary Information

Status Letter

Other Enclosure(s) (please identify below):

• Return Receipt Postcard

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name **MORRISON & FOERSTER LLP** (Customer No.: 25226)

Signature

Printed name **Christopher B. Eide**

Date

November 28, 2006

Reg. No.

48,375

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV534442774US, on the date shown below in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: November 28, 2006

Signature:

(Lori Sims)



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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL		Application Number	10/807,644
For FY 2006		Filing Date	March 23, 2004
		First Named Inventor	Gregory P. HERTRICH
		Examiner Name	M. Kayrish
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2627
TOTAL AMOUNT OF PAYMENT (\$ 120.00)		Attorney Docket No. 495812005200	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) Fee (\$) 50 Small Entity 25							
Each independent claim over 3 (including Reissues) Fee (\$) 200 Small Entity 100							
Multiple dependent claims Fee (\$) 360 Small Entity 180							
Total Claims Extra Claims Fee (\$) Fee Paid (\$) $21 - 21 = 0 \times 50.00 = 0.00$				Multiple Dependent Claims Fee (\$) 360.00 Fee Paid (\$) 0.00			
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) $4 - 4 = 0 \times 200.00 = 0.00$							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) $- 100 = \text{_____} / 50 \text{ (round up to a whole number)} \times 250.00 = 0.00$							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month Fee (\$) 120.00							

SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	48,375	Telephone (650) 813-5720
Name (Print/Type)	Christopher B. Eide		Date	November 28, 2006	